

# NEBRASKA BOARD OF DENTISTRY

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

*Newsletter*

MARCH 2001

## CHAIRPERSON'S MESSAGE

**Roger Gerstner DDS**  
Omaha

**Robert Hinrichs DDS**  
Lincoln

**Sarah Bauman**  
Lincoln

**Carol Brown RDH**  
Omaha

**John Giddings DDS**  
Syracuse

**James Murphy DDS**  
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**Doris Schrader**  
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**Joan Sivers DDS**  
Lincoln

**Jane Stratman RDH**  
Geneva

**Paul Tamisiea DDS**  
Omaha

The year 2000 has been a busy one for your Board of Dentistry. Many issues are facing patients and dental professionals in our State, as well as across the country. These issues have to do with licensure requirements, access to care, utilization of auxiliary personnel, discipline of licenses, and scope of practice, to name a few.

With increased use of Internet technology, information and services that we have become accustomed to thinking were included in the practice of dentistry i.e., bleaching, are now reaching the public through alternative routes. The Nebraska Board of Dentistry continues to explore and study these issues with the overriding goal of protecting the safety of the citizens of Nebraska and promoting the highest levels of oral health care possible.

Currently our Board is also studying the concept of mutual acceptance of regional dental licensure examinations for obtaining licensure in Nebraska. Mutual acceptance has now been endorsed by the Central Regional Dental Testing Service (CRDTS), of whom Nebraska is a member, as well as by the Western Regional Examination Board (WREB). Over the past several years, exchanges of examiners of these two organizations have occurred and recently their respective executive boards agreed to endorse and accept each other's exam as equivalent for licensure. Following these recommendations and endorsing mutual acceptance would impact Nebraska licensure and remove barriers to licensure – particularly to recent graduates.

The State of Nebraska is continuing in the process of looking at overall issues of licensure and credentialing as the recommendations from Nebraska Credentialing Reform (NCR) 2000 are being studied in more depth. These changes could have a tremendous impact on all licensees and professional boards in the state.

With all that is going on, I encourage you to keep informed of the issues – start by reading this newsletter – and continue to provide the highest levels of oral health care for our citizens!

# MEETING HIGHLIGHTS FROM 2000

January 7, 2000- The Board elected new officers for the year. Members discussed the ongoing dialogue between CRDTS and WREB about accepting each other's exam, the changes in the CRDTS examination in 2000, the list of examiners from Nebraska available for the CRDTS 2000 exams, and the accreditation site visit at UNMC in October 2000.

**March 31, 2000**-the Board reviewed its budget and CRDTS budget for 2000. Dr. Richard Raymond spoke to the Board on his goals as Chief Medical Officer.

**July 14, 2000**-the Board heard a presentation from Kendra Haynes RDH, concerning statutory changes that were requested by the NDHA.

**October 7, 2000**-the Board heard a presentation from Helen Meeks, Credentialing Division Administrator and David Montgomery, Administrative Services Administrator, concerning the implementation of the NCR 2000 recommendations. The Board approved an increase in license fees.

## BOARD OF DENTISTRY OFFICERS ELECTED FOR THE YEAR 2001

On January 12, 2001 the Board of Dentistry elected to keep the same officers.

**Joan Sivers, DDS** - *Chairperson*

**Robert Hinrichs, DDS** - *Vice-Chairperson*

**Carol Brown, RDH** - *Secretary*

They also determined the CE Review Committee, which includes:

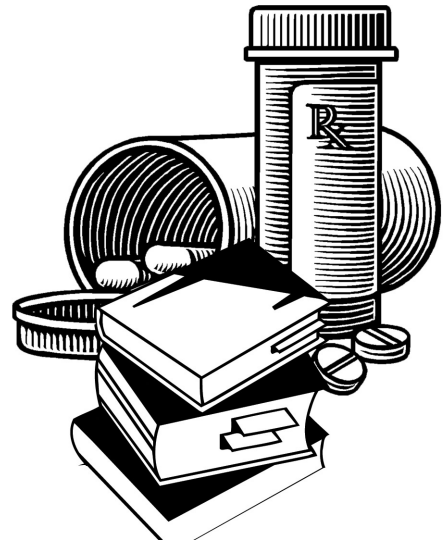
**Roger Gerstner, DDS**

**Robert Hinrichs, DDS**

**Carol Brown, RDH**

# CONTROLLED SUBSTANCE LOG

A dentist who administers or dispenses controlled substances in the office is required to maintain a complete log for controlled substances. The log must contain the patient's name, address, the dosage administered, and the resulting quantity of the controlled substance in stock. All purchases or samples must be accounted for and any loss of the substance must be completely documented. All controlled substances should be held under lock and key with restricted access. The quantity of the drug in stock must at all times agree with the balance as shown in the log. The dentist must furnish the drug logs to an inspector from the Health and Human Services Department when asked to do so. Failure to maintain a complete drug log is a serious violation of the Controlled Substance Act; and, unfortunately, seen all too often by the Board of Dentistry. If you have any doubts about whether your drug logs comply with these guidelines, contact the staff of the Board of Dentistry for advice or assistance.



## DISPOSAL OF CONTROLLED SUBSTANCES:

What is a dentist to do if he or she wants to dispose of controlled substances? Don't throw them in the trash or flush them down the toilet. Both of these actions are a violation of Federal drug laws. The Drug Enforcement Agency has registered several companies throughout the United States, which may properly destroy controlled substances. You should contact the licensed disposer and receive specific instructions. The closest disposer is:

**National Pharmaceutical Returns, Inc.**  
**3098 104<sup>th</sup> Street**  
**Des Moines, Iowa 50322**  
**1-800-470-7725**

## ADVERTISING GUIDELINES

Dentists are always free to advertise their services to the public but these advertisements must never be fraudulent or deceptive. A dentist may not advertise as a dental specialist unless board certified, eligible, or educational qualified. If the dentist advertises training in an area of dentistry (e.g.: implantology or esthetic dentistry), the advertisement must clearly state that area is not an ADA recognized specialty.

It is a violation of the dental practice act (71-183) for someone to advertise as a dentist prior to having a state license. New graduates have violated this statute by placing yellow page listings or ads before graduation and licensure.

# COMPLAINTS AND INVESTIGATIONS

Patients file almost all complaints received by the Board against dentists. Infrequently a complaint is received from another dentist, a dental hygienist, or a law enforcement agency. When a written complaint is received, it is first reviewed by the Board's complaint committee; this committee is composed of an assistant attorney general, a staff member from the investigations division of Health and Human Services, and a dentist who has previously served on the Dental Board. If this committee feels the complaint has some merit, it is opened for investigation; when not opened, a letter is written notifying the complainant the case was not opened and of the right to appeal this decision to the Board. Occasionally a patient will exercise this right to appeal and the entire board will review the complaint. The Board rarely overrules its complaint committee, which opens only about forty percent of the complaints it reviews.

Once opened, the complaint is assigned to an investigator, who contacts the dentist or dental hygienist, providing the health professional with a copy of the complaint, and eventually interviews everyone involved in the case. After the investigator has gathered all the required evidence, he or she prepares a written report, which is given to the Board for its review during a closed session.

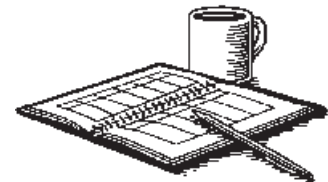
At this juncture the Board will either close the case or, if sufficient evidence of wrongdoing is presented, will recommend discipline to the Attorney General. The Attorney General's office collaborates with the Board to implement the Board's recommendation. After review, the Board closes without any disciplinary action another thirty percent of the cases.

The Chief Medical Officer of the Health and Human Services System must ultimately decide all disciplinary actions taken by the Attorney General's office and is also not bound to follow any of the recommendations of the Dental Board.

If you, as a licensee, are notified that the Board is investigating a complaint, don't panic! Cooperate fully and truthfully with the investigator, providing written and telephonic interviews in a timely manner. Remember that the Board exists to protect the public but would never trample on the rights of the dentist or dental hygienist to a fair, just, and impartial review of the complaint.

The Credentialing and Licensure Division receives approximately fifty complaints each year against dentists or dental hygienists, with only 30 percent resulting in disciplinary actions. These low totals, especially compared to other states, are a direct result of the high quality of dental care Nebraska citizens receive from our oral health care professionals. Unfortunately, the Board has received in recent months a small number of very alarming complaints from patients alleging that dentists were permitting their assistants to perform illegal procedures. The complaints were opened and thoroughly investigated; evidence was uncovered of gross violations of the dental laws. So that no one misunderstands what functions a dental assistant may legally perform, let's reiterate:

1. *A dental assistant may never coronal polish teeth unless the assistant has attended a course approved by the Board.*
2. *A dental assistant may never finish a permanent restoration with rotary hand pieces.*
3. *A dental assistant may never scale teeth.*
4. *A dental assistant may never adjust a patient's occlusion with a rotary hand piece.*
5. *A dental assistant may not take x-rays unless the assistant has attended a course approved by the Board.*
6. *A dental assistant may not apply local anesthetic, either topically or parentally.*
7. *A dental assistant may not place retraction cord or chemotherapeutic agents in the gingival crevix.*
8. *A dental assistant may not take a final impression for a permanent dental restoration or prosthesis.*
9. *A dental assistant may never cement a permanent restoration or prosthesis.*
10. *A dental assistant may never instrument the pulp chamber or canal with either a hand or rotary instrument.*



## CONTINUING EDUCATION

Oftentimes dentists, dental hygienists, and sponsors are disappointed when the Board doesn't grant a course continuing education credit. Some may feel that the Board's decisions are arbitrary and capricious. Every course or seminar that has been rejected has also been thoroughly reviewed by the Board. State laws requires that Professional Boards only accept course or seminars that relate to the clinical practice of the profession; thus the Board uses the following guidelines in determining acceptability:

1. *Courses on money management, personal finance, cultural subjects, physical fitness, or personal health are not accepted.*
2. *Courses dealing with improving office business operations, increasing office production, marketing or motivational skills to improve production or profitability are not accepted.*

This does not imply that the above topics are not worthwhile; courses covering these subjects are appropriate and can be very beneficial to the dentist or dental hygienist. Unfortunately, because of statutes that apply to all licensed professions, these courses can not fulfill continuing education requirements.

The Board recently voted to allow five hours of continuing education credit for monitoring the clinical activities of dental, dental hygiene, or dental assistant students in an accredited training program.

# DISCIPLINARY ACTIONS SINCE LAST NEWSLETTER (JANUARY 2000)

Name	Date of Petition	Charge	Disposition	Date
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## FEBRUARY 2000

David Wesley DDS		Unprofessional Conduct Unlicensed Practice	Initial license issued with Limitation	02/16/2000
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## JULY 2000

Angela Jurgens RDH		Alcohol Addiction Misdemeanor Conviction	Initial license issued on Probation	07/17/2000 to 07/17/2003
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## AUGUST 2000

Peter Straub DDS	8/2000	Dishonor Conduct – Unfitness Misdemeanor Conviction Violation of UCSA*	Civil Penalty Censure	08/30/2000 08/30/2000
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## NOVEMBER 2000

Dean L. Doyle DDS	10/2000	Unprofessional Conduct Violation of UCSA* Unlawful Invasion of Medical Practice Aiding & Abetting in Unlawful Practice	Civil Penalty Probation	11/06/2000 11/06/2000 to 11/06/2002
Gerald P. Mancuso DDS	11/22/2000	Aiding & Abetting in Unlawful Practice	Civil Penalty Limitation	11/28/2000 11/28/2000 to 02/28/2001

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\*Uniform Controlled Substances Act

## DENTAL BOARD INCOME AND EXPENSES AND THE NEED FOR A LICENSURE FEES INCREASE

The Board's income and expenses vary considerably from one year to the next. This variation is due to the biennial license renewal. The Board's income is substantially greater in a renewal year, but so are its expenses. During the last renewal fiscal year (July 1998 to June 1999) the Board had income of \$230,670.00 and expenses of \$195,060.00. For fiscal year 1999-2000 (non-renewal year) the income was \$23,790.00 with expenses of \$118,120.00. The largest single expense is the cost of investigating complaints filed by the public. For the last three fiscal years, investigations have averaged about \$35,000.00. A quick review of the above numbers shows that for the last two combined fiscal years, expenses have exceeded income by \$58,720.00; this exhausted the Board's reserve balance and necessitated a generalized fee increase.

State law requires that each profession regulated by the Uniform Licensing Law must be financially self-supporting. Simply put, the fees charged by the Dental Board must cover its expenses. The principal source of funding for the Board is the renewal fees charged dentists and dental hygienists. These fees, which were last increased eight years ago, no longer provided enough income to sustain the Board's activities. The Board approved a fee increase, which could be in effect for the March 2001 renewal. The regulations that would effect this increase are under review. The dental renewal fee would be increased from \$110.00 to \$175.00 and hygiene fee from \$70.00 to \$110.00. It is hoped that this increase would support the Board for the next four to six years. Other fees that are projected to increase are licensure by examination and by reciprocity.

## ACCEPTANCE OF THE WREB EXAM

The governing boards of the Central Regional Dental Testing Service (CRDTS) and the Western Regional Examination Board (WREB) recently passed a resolution requesting that the Dental Boards of their member states accept both examinations for initial licensure. Nebraska has been a member of CRDTS and used its practical examination for many years. The Board feels that this mutual acceptance of the WREB and CRDTS examination is a positive step for the dental and dental hygiene professions. The Board will be attempting to make the necessary regulatory changes so that the WREB exam can be accepted in 2001 as proof of clinical competence.





# IOWA BOARD OF DENTAL EXAMINERS

## QUALITY ASSURANCE INITIATIVE

*The Nebraska Board of Dentistry felt that the Quality Assurance Initiative – Self Assessment Instrument distributed by the Iowa Board of Dental Examiners would be a helpful tool to all active Nebraska Dentists and Dental Hygienists. This is a voluntary self-assessment for your personal use:*

The goal of us in the dental profession is to provide high quality dental care to our patients. The goal of the Board is to ensure that the public is protected from unsafe or unprofessional dental practices. In order to accomplish these goals, the Board is implementing a VOLUNTARY self-assessment program.

Enclosed is a self-assessment instrument, which the Board is sending to all Iowa-licensed dentists and dental hygienists for their use on a voluntary basis. This instrument has been drawn from research that has established a high degree of correlation between satisfaction of the criteria in this instrument with high quality in the performance of technical dental services.

The Board hopes you receive this information in the manner in which it was intended: as part of your personal, voluntary effort to assure high quality dental services to your patients. Use of this instrument is entirely optional: there is no requirement that you use this instrument, or report the result to any entity. We hope you find it helpful.

**THIS SELF-ASSESSMENT INSTRUMENT IS FOR YOUR PERSONAL USE ONLY.**

**PLEASE DO NOT RETURN IT TO THE BOARD OFFICE.**

### SELF ASSESSMENT INSTRUMENT

**INSTRUCTIONS:** For each item, check the corresponding yes or no box.

<b>I.</b>	<b>ARE THE FOLLOWING AVAILABLE IN YOUR OFFICE:</b>	<b><u>Yes</u></b>	<b><u>No</u></b>
a.	Walls or partitions for shielding of all x-ray units .....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Lead aprons .....	<input type="checkbox"/>	<input type="checkbox"/>
c.	High volume evacuation.....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Blood pressure recording equipment.....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Oxygen .....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Resuscitation bags/pocket masks/ventilation device for CPR .....	<input type="checkbox"/>	<input type="checkbox"/>
g.	Trash can liners .....	<input type="checkbox"/>	<input type="checkbox"/>
h.	A designated area with facilities and equipment for eye washing in the event of contamination or chemical injury.....	<input type="checkbox"/>	<input type="checkbox"/>



**II. ARE THE FOLLOWING ITEMS THAT RELATE TO SAFEGUARDING THE HEALTH AND SAFETY OF PATIENTS AND STAFF IN PLACE:**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. A written protocol or guide covering an office response to medical emergencies.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. At least one member of the practice is currently certified in CPR.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Staff meetings held at least annually that address in-service training related to medical emergencies, occupational hazards and infection control ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Fire extinguisher .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Appropriate labels for hazardous chemicals .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Shielding for use when light curing procedures are applied.....   | <input type="checkbox"/> | <input type="checkbox"/> |

**III. ARE THE FOLLOWING PROCEDURES THAT RELATE TO STERILIZATION AND INFECTION CONTROL OF INSTRUMENTS AND EQUIPMENT USED ROUTINELY:**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Heat sterilization .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ADA approved disinfectant used .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Instruments scrubbed or ultrasonically cleaned before sterilization.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Hand pieces flushed after each use .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Hand pieces sterilized after each use .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Burs sterilized after each use .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Hand instruments sterilized after each use.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Saliva ejector/evacuator sterilized or disposed .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Air/water syringes/hoses flushed after each use .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Disposable solid waste discarded in plastic bags/containers .....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Needles/sharps discarded in puncture resistant containers .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Impressions disinfected before poured or sent to lab .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Uniform sterilization and infection control used when treating <u>all</u> patients ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**IV. ARE THE FOLLOWING SOURCES OF CROSS-CONTAMINATION DISINFECTED AFTER EACH PATIENT OR ARE THEY PROTECTED BY DISPOSABLE COVERINGS:**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. Light handles.....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. All unit switches and controls..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Drawer handles .....                | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Bracket trays/assistant carts ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Surfaces of all work areas .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Hoses and couplings .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Chair switches .....                | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Head rests.....                     | <input type="checkbox"/> | <input type="checkbox"/> |

**V. ARE THE FOLLOWING STERILIZATION AND INFECTION CONTROL PROCEDURES THAT RELATE TO PATIENTS AND STAFF USED ROUTINELY:**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Heavy utility gloves used for scrubbing instruments .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Surgical gloves worn routinely.....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Gloves changed between each patient.....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Personal protective garments worn by all patient care personnel .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Personal protective garments changed daily .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Personal protective garments removed before leaving office.....        | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Face masks worn by all patient care personnel .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Bacterial soap used for hand washing .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Paper Towels used .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Protective lenses used by all patient care personnel.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| k. All patient care personnel have been offered Hepatitis B vaccine ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**VI. DO PATIENTS RECORDS ROUTINELY CONTAIN THE FOLLOWING:**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. Medical history recorded and updated .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physician's name or "none" noted .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do the records of patients with significant medical problems include a medical alert "flag" in a consistent, conspicuous place..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A dental history .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Head and neck/soft tissue exam recorded and updated.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Progress notes.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Documentation of informed consent .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**VII. IN YOUR OFFICE:**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Do you make reasonable accommodations for disabled patients in gaining access and being treated .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you examine new patients <u>before</u> radiographs are taken in order to prescribe only those films indicated (if applicable) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are the most current radiographs for each patient mounted .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are all films in the patients' records dated.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is there a system for dental emergency coverage.....   | <input type="checkbox"/> | <input type="checkbox"/> |

**VIII. (To Be Completed only by General Practitioners) FOR PATIENTS WHOM YOU PROVIDE ONGOING CARE, DO YOUR RECORDS INCLUDE:**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Recording of pre-existing dental treatment.....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Recording of dental pathology (carious lesions, fractures, etc.) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Recording of periodontal status for adult patients .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A clearly defined treatment plan .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is a recall system in place.....                                       | <input type="checkbox"/> | <input type="checkbox"/> |

## LICENSE STATISTICS

Licenses/Permits/Certifications (as of 1/1/2001)

	<u>Total Active</u>	<u>Issued in 2000</u>
Dentist Licenses	1431	61 (of which 16 were by reciprocity)
Dental Hygienist Licenses	787	61 (of which 8 were by reciprocity)
General Anesthesia Permits	26	2
Parenteral Sedation Permits	35	1
Inhalation Analgesia Permits	372	15
Local Anesthesia Certifications	407	58
Temporary Dentists	14	3

## MEETING DATES

The Board has set the following dates for Board meetings in 2001:

January 12, 2001

April 6, 2001

July 13, 2001

October 5, 2001

## CHANGE OF ADDRESS:

Remember to notify the Credentialing Division of any change in your mailing address. Every renewal period a few dentists and dental hygienists fail to renew their licenses because the renewal forms are mailed to the wrong address. Besides the embarrassment of practicing on an expired license, these individuals must pay an additional fee for failing to renew on time. Let us know your current mailing address!



# ANY QUESTIONS???

Please contact the staff at:

## Department of Health and Human Services

Regulation and Licensure

Credentialing Division

PO Box 94986

Lincoln NE 68509-4986

**Phone:** 402/471-2118

**Fax:** 402/471-3577

**Becky Wisell**

*Section Administrator*

**Vonda Apking**

*Credentialing Coordinator*

**Shirley Nave**

*Credentialing Specialist*

## NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



**The Nebraska Health and Human Services System**  
is committed to affirmative action/equal employment  
opportunities and does not discriminate in delivering  
benefits or services.



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## Department of Health and Human Services

Regulation and Licensure

Credentialing Division

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